

27.0.0 MEDICARE BENEFICIARIES

27.1.0 Introduction

27.1.1 Medicare Beneficiaries

Medicare is the health insurance program administered by the federal Health Care Financing Administration for people over 65 and for certain younger disabled people.

Medicare is divided into two types of health coverage. Hospitalization Insurance (Part A) pays hospital bills and certain skilled nursing facility expenses. Medical Insurance (Part B) pays doctors' bills and certain other charges.

Medicare, being an insurance program, charges premiums. For the persons participating in the programs described below, Wisconsin Medicaid pays some or all of their Medicare premiums. This is called Medicare Buy-In. The persons who qualify for Medicare Buy-In are called Medicare Beneficiaries.

Use the same rules for determining financial eligibility as you do for Elderly/Disabled MA.

1. Qualified Medicare Beneficiary (**QMB**).
2. Specified Low-Income Medicare Beneficiary (**SLMB**).
3. Specified Low-Income Medicare Beneficiary Plus (**SLMB+**).
4. Additional Low-Income Medicare Beneficiary (**ALMB**).
5. Qualified Disabled and Working Individuals (**QDWI**).

If these persons are also eligible for Medicaid, they will receive a Medicaid card. The Medicaid card will indicate that they are Medicare Beneficiaries.

27.2.0 Benefits

QMB. Medicaid pays Medicare Part A & B premiums and Medicare deductibles and copayments.

SLMB. Medicaid pays Medicare Part B premiums.

SLMB +. Medicaid pays Medicare Part B premiums.

ALMB. Medicaid pays the difference between the 1997 Part B amount and the Part B amount of subsequent years. In 1998, this meant that Medicaid paid the cost that came from shifting some home health benefits from Part A to Part B. Payments are received in mid December.

QDWI. Medicaid pays Medicare Part A premiums.

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27.3.0 QMB

The following persons who are MA recipients are automatically eligible for QMB benefits.

1. Persons who are receiving or are eligible to receive SSI.
2. 503 AGs(19.1.1).
3. Disabled adult children (19.2.0).
4. Widows and Widowers (19.3.0).

Widow/widowers, DAC's and 503's have the option of not taking the QMB benefit. See 27.13.0.

If the person does not belong to one of the above named groups, s/he must:

1. Be non-financially eligible for Medicaid.
2. Be entitled to Medicare Part A.

27.3.1 Entitled to Medicare

A person is "entitled" to Medicare Part A if s/he meets one of the following conditions:

- a. S/he does not have to pay Medicare Part A, and s/he is receiving Medicare Part A services as of the QMB determination.

Example. Mrs. Smith applies for QMB benefits 8-15-89. She has a Medicare card with a Part A begin date of 6-1-89. Since Medicare will pay for Part A services as of 6-1-89, she is "entitled" to Part A at the time of the QMB determination.

- b. S/he must pay a monthly premium to receive Medicare Part A, and s/he fits one of the following descriptions:
 - (1) S/he is a Medicaid recipient and has been enrolled in Medicare sometime in the past. In this case the State will attempt to enroll him/her in Medicare Part A. QMB eligibility can't begin prior to the Part A begin date.

Example. Mr. Helmuth's Part A lapsed because he did not work enough quarters for free enrollment and he could no longer afford the premiums. When he becomes eligible for Medicaid, the State will begin paying his Medicare premiums.

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27.3.1 Entitled to Medicare (cont.)

2. S/he is a MA recipient or QMB or SLMB or QDWI applicant and has never been enrolled in the federal Medicare system. In this case s/he must apply at the local SSA office for Part A Medicare eligibility. S/he will receive a receipt which entitles him/her to enrollment in Part A on the condition that s/he is found eligible for QMB or SLMB. The receipt from SSA will have a Part A begin date on it. QMB OR SLMB or QDWI eligibility can't begin prior to the Part A begin date.

Example: Mrs. Brown was never enrolled in the federal Medicare system. She applies for QMB. Before she can become QMB eligible she must obtain a receipt for conditional eligibility for Part A Medicare. She goes to the SSA office during the January-March enrollment period and is conditionally determined eligible for Part A effective July 1st. She applies for QMB at the ESA on May 1st. She becomes QMB eligible as of July 1st.

27.3.2 QMB Income Limit

The QMB income limit is 100% of the federal poverty level (FPL). See 30.6.0.

The method of counting income is based on the SSI method, not on the Spousal Impoverishment (23.0.0) method. Calculate QMB net income as follows:

\$ Earned income (15.5.0)
- \$65 and ½ earned income deduction (15.3.6)
+ Unearned income (social security income, etc.) (15.4.0)
- Special exempt income (15.3.2)
- \$20 standard deduction
= Net income used to determine QMB eligibility

When counting social security income, use **gross** social security income. Gross social security income:

- a. Of a self-payer = the social security check amount + medicare premiums s/he has paid.
- b. Of someone for whom the State is paying the premiums = the social security check amount.

Disregard the COLA increase for the current year until the month after the new federal poverty limits become effective.

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27.3.2 QMB Income Limit (cont.)

Example. Big Al is a QMB recipient. He has income of \$680. The QMB income limit in December is \$686.67. In January, a COLA increase of \$11.17 increases Big Al's income to \$691.17. Disregard the COLA increase in any determination of Big Al's continuing QMB eligibility. On April 1st, new, higher QMB income limits are published. Redetermine Big Al's QMB eligibility in May. At this redetermination, do not disregard the January COLA increase.

27.4.0 SLMB

To be eligible for SLMB the person must:

1. Meet non-financial EBD MA requirements.
2. Be receiving Medicare Part A.

27.4.1 SLMB Income Limit

The SLMB income limit is at least 100% of the FPL, but less than 120%. See 30.6.0.

Calculate SLMB net income in the same way as QMB net income (27.3.2).

27.5.0 SLMB+

To be eligible for SLMB+ the person must:

1. Meet non-financial EBD MA requirements.
2. Be receiving Medicare Part A.
3. Have been determined ineligible for MA (including Community Waivers, BadgerCare, QMB, SLMB, and QDWI). Consider a person with an unmet deductible ineligible for MA until s/he meets the deductible.

27.5.1 SLMB+ Income Limit

SLMB+ income must be at least 120% of the FPL, but less than 135%. See 30.6.0.

Calculate SLMB+ net income in the same way as QMB net income (27.3.2).

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27.6.0 ALMB

To be eligible for ALMB the person must:

1. Meet non-financial EBD MA requirements.
2. Be receiving Medicare Part A and B coverage.
3. Have been determined ineligible for MA (including Community Waivers, BC, QMB, SLMB, SLMB+, and QDWI). Consider a person with an unmet deductible ineligible for MA until s/he meets the deductible.

27.6.1 ALMB Income Limit

ALMB income must be at least 135% of the federal poverty level (FPL), but less than 175% (30.6.0).

Calculate ALMB net income in the same way as QMB net income (27.3.2).

27.7.0 QDWI

A Qualified Disabled and Working Individual (QDWI) is a person who:

1. Is entitled (27.3.1) to enroll in Medicare Part A.
2. Is not otherwise eligible for MA (including Community Waivers and BC). Consider a person with an unmet deductible ineligible for MA until s/he meets the deductible.

27.7.1 QDWI Income Limit

The QDWI income limit is 200% of the FPL (30.6.0).

Calculate QDWI net income in the same way as QMB net income (27.3.2).

27.8.0 Asset Limit

QMB, SLMB, SLMB+, ALMB, and QDWI have the same asset limit. The asset limit is twice the EBD asset limit:

Group Size	Asset Limit
1	\$4,000
2	\$6,000

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27.8.0 Asset Limit (cont.)

Divestment of assets has no effect on QMB, SLMB, SLMB+, ALMB, or QDWI eligibility.

27.9.0 Begin Date

27.9.1 QMB

QMB benefits begin on the first of the month after the month in which the person is determined to be eligible for QMB.

Example. Mr. Smith has been in the same nursing home since 1993 and applied for MA on January 23, 1996. He also requested QMB. His application was processed for both on the same day and he was determined eligible for both. His MA begin date is January 1, 1996. His QMB begin date is February 1, 1996.

27.9.2 SLMB, SLMB+, ALMB, QDWI

SLMB, SLMB+, ALMB, and QDWI benefits begin on the first month in which all eligibility requirements are met. They cannot begin earlier than three months prior to the month of application.

27.10.0 Backdating

27.10.1 QMB

Occasionally, the benefits of a person who is eligible for QMB did not begin on the first of the following month as they were supposed to. This can occur if:

1. The eligibility process was not completed within 30 days.
2. Certification of eligibility was not completed.
3. A fair hearing decision has ordered backdated QMB benefits.

To backdate QMB benefit, complete a QMB Retroactive Coverage form and a DES 3070 certification form and return both to:

- Mail: EDS
P.O. Box 7636
Madison, WI 53707
- E-mail: eds_3070@dhfs.state.wi.us
- Fax: (608) 221-8815

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27.10.2 SLMB, SLMB+, ALMB, QDWI

Benefits can be backdated for up to three months prior to the month of application. Use the backdating guidelines given in the Introduction to the MA Handbook, page 9.

A person who would have been eligible as a QMB in the backdate period cannot receive backdated SLMB, SLMB+, ALMB or QDWI benefits.

Example. Henry Schoolcraft applied for QMB on June 15, 1996. He also requested backdated SLMB. His income for June 1996 was under the QMB limit (100% of the federal poverty level). He was determined eligible for QMB. But his request for backdated SLMB was denied because his income, in the backdate months of March, April, and May, 1996, was under the QMB limit (100% of the FPL).

If he had applied for QMB in those months, he would have been QMB eligible. Therefore, since he would have been QMB eligible in the backdate period, he cannot receive backdated SLMB benefits.

27.11.0 No Deductible

There is no deductible (20.0.0) in the Medicare Beneficiary programs. If a person's income is above the appropriate income limit, s/he cannot become a Medicare Beneficiary by meeting a deductible.

Example. Mr. George's net monthly income is too high for him to be eligible for any of the Medicare Beneficiary programs. He cannot become eligible through the MA deductible process. If he is also applying for MA medically needy eligibility, calculate his MA deductible (20.5.0). When he meets his MA deductible, he becomes eligible for MA, but not for any of the Medicare Beneficiary programs.

27.12.0 Reviews

Review Medicare Beneficiary only AGs every 12 months. If there are other persons in the AG who are not Medicare Beneficiaries, review whenever the case normally comes up for review.

27.13.0 Adversely Affected

When the State pays a person's Part B premium, his/her Social Security (SS) check will increase by the same amount as the premium. This increase in the SS check may

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27.13.0 Adversely Affected (cont.)

result in the person either losing MA eligibility, or being reduced from categorically needy to medically needy.

When a person would be adversely affected in this way, allow him/her to choose between either losing his/her MA current benefits and keeping free Medicare enrollment, or giving up the free Medicare enrollment and keeping his/her MA benefits. All but 503, DAC's and widow/widowers can opt out of the QMB buy-in through CARES.

When a 503, DAC, or widow/widower requests to not have the state pay the Part B premium, contact the Buy-In Analyst at 221-4746, extension 3107. S/he will update MMIS with the appropriate information to prevent the automatic buy-in.

27.14.0 Fiscal Test Group

The fiscal test group (FTG) size is two when a couple is living together at home. If they are both living in the same nursing home, each person is an individual FTG.